



California Medical Waste Management Program GENERATOR REGISTRATION APPLICATION

Please complete this form if your facility or business generates and/or stores medical waste onsite, and mail it along with the fee page (fee page is available on the DHS web site at <http://www.dhs.ca.gov/medicalwaste>) to: Department of Health Services, Medical Waste Management Program, P.O. Box 997413, MS 7405, Sacramento, CA 95899-7413. Make the check payable to the Medical Waste Management Fund.

NOTE: This application will not be processed until all required information has been received.

Location of Generator and/or Applicant *(Please print or type.)*

Business name				County	
Address (number, street)		City	State	ZIP code	Telephone ()
Authorized representative		Title			Fax ()
Record update only? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, reason <input type="checkbox"/> Change of ownership <input type="checkbox"/> Other:			
Do you generate, treat, or store medical waste at the address listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Type of Application:

- ☐ **Small Quantity Generator (SQG):** Your facility generates less than 200 pounds of medical waste per month.
- ☐ **Small Quantity Generator With On-Site Treatment:**
☐ This is a new on-site treatment application; you will need to submit a separate treatment permit application available on the DHS web site at <http://www.dhs.ca.gov/medicalwaste>.
- ☐ **Large Quantity Generator (LQG):** Your facility generates 200 pounds or more of medical waste *in any month* of a 12-month period.
☐ This is a new LQG application. You must develop and submit a copy of your facility's Medical Waste Management Plan according to the Medical Waste Management Act (MWMA), available on the DHS web site at <http://www.dhs.ca.gov/medicalwaste>.
- ☐ **Large Quantity Generator with Onsite Treatment:**
☐ This is a new on-site treatment application; you will need to submit a separate treatment permit application available on the DHS web site at <http://www.dhs.ca.gov/medicalwaste>.
- ☐ **Limited Quantity Hauling Exemption** is also utilized by this facility. Location of consolidation:
- | | | | |
|--------------------------|------|-------|----------|
| Facility name | | | |
| Address (number, street) | City | State | ZIP code |
- ☐ **Common Storage Facility Permit:** Any designated accumulation area that is on-site and is used by small quantity generators otherwise operating independently. For example, a medical arts building.

Required Registration Information

1. *(Generators)* How many pounds of medical waste does your facility generate per month? _____
 (Tracking documents and/or treatment records must be kept on site for 3 years [2 years for SQG's], and are subject to audit.)
2. *(Generators)* Check the box corresponding to the method your facility uses to treat and/or manage medical waste:

<input type="checkbox"/> Autoclave (on-site treatment)	<input type="checkbox"/> Alternative treatment technology (on-site treatment)
<input type="checkbox"/> Incinerate (on-site treatment)	Type: _____
<input type="checkbox"/> Microwave (on-site treatment)	<i>(Refer to the list of approved alternative treatment technologies available on the DHS web site.)</i>
3. **Authorized medical waste transporter:**

Business name			Telephone ()	
Address (number, street)	City	State	ZIP code	

I declare under penalty of law that the preceding is true, and that I am authorized to sign as a responsible party for this facility/business.

Signature	Date
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